MEDICAL EXAMINER.

DEVOTED TO MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

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Four Cases of Morbus Coxarius successfully managed, and calculated to show the precise treatment in the various stages of that formidable disorder. By William Harris, M. D.

Case First.

M. J., aged five years, when I was first called to see her, had slight tumefaction of her right hip, with considerable tenderness to the touch, pain in the knee of the affected side, the leg considerably flexed upon the thigh, and the thigh slightly upon the body. Her temperament was leuco-phlegmatic, and her general health tolerably good. When she attempted to walk, she only touched the floor with the toes of the affected limb, and every effort gave her pain in the hip.

It was clearly a case of coxalgia. She was immediately put to bed, and several cups applied around the joint, which took away about four ounces of blood. The next morning a dose of cream of tartar and jalap was administered, which operated well. The tenderness to the touch had somewhat abated, but every effort to extend the limb gave her great pain. She continued in bed, was restricted in her diet, purged every other day, and cupped again on the eighth day. After the second cupping, I applied Dr. Physick's long splint for fracture of the os femoris, and made gentle extension and counter-extension, which gave the little patient some pain, but succeeded, in a measure, in straightening the limb. After four hours it was removed, and the next day renewed, at the same hour, when it was allowed to remain on eight hours. This application gave the child less pain, and straightened the limb more. The splint was renewed daily, extending the time of the application; so that in a week from the commencement, it was allowed to remain on all the time, and at the end of two weeks the limb was nearly straight, and the patient free from suffering. This part of the treatment, I acknowledge, is at variance with professional usage. Its success, however, is the best argument in its favour. The father of my patient being in indigent circumstances, I was unwilling to put him to the expense of purchasing a carved splint, and therefore procured a binder's board, one-fourth of an inch thick, sufficiently long to reach from the middle of the thorax to the ankle, and of appropriate dimensions as to width, which, of course, was greater above than below. On either side of this splint, opposite the acetabulum, I made an incision from without, obliquely inwards and downwards, leaving between the two cuts a space of half an inch in the centre. I now caused the outer edges of the cuts to overlap, and secured them in that condition with a strong ligature. I then caused an older child to go to bed,—and, after soaking my splint, thus prepared, in boiling water, I applied it in its wet and pliable condition to his right limb, in a straight attitude, and, having moulded it carefully, it was secured with a roller, and allowed to remain on twenty-four hours. At the end of this period, I had a hard, dry, and well-moulded splint, which, after lining it with a layer of carded cotton, was applied to my patient, with which she was much pleased, and which made her very comfortable. From this time forward she was purged twice a week with various kinds of purgative mixtures, such as cream of tartar and jalap, rhubarb and magnesia, Seidlitz powder, Epsom salts, &c., and indulged in a pretty generous diet, consisting of mush and milk, bread and milk, with a little poultry or mutton, and rice, at dinner. She was quite comfortable and contented, and enjoyed pretty good health during the whole of her confinement to bed, which was eleven months. At the end of that time the splint was removed, and the patient allowed to move her limb gently, or to suffer another to move it, but was not permitted to get out of bed until the end of the twelfth month. During the last month, she would cry every night at bed-time, unless her mother would re-apply the splint for the night, declaring that she could not sleep without it. How wonderful is the force of habit! She was now mounted upon crutches, the limb being a fourth of an inch shorter than the other. At the end of three months after she arose from bed, she was nearly well, enjoying, in a great measure, all the ordinary powers of her limb. At that time she left the neighbourhood,—but, I believe, she entirely recovered.

Case Second.

J. M., of Phœnixville, Chester county, a German mechanic, requested me to visit his daughter, then fourteen years of age, who, he said, had had a running issue in her thigh upwards of nine years, the disease having commenced before he left Germany. Upon entering his humble habitation, I observed in the object of the father's solicitude, a female near the age of puberty, crawling upon the floor, pallid, extremely emaciated, and in a very feeble state of health. She had not attempted to walk for several years, even with the help of crutches; but moved upon her nates, backwards, by the assistance of her hands and arms. Upon examining the affected limb, I found the knee flexed upon the thigh, and the thigh upon the body, but there was slight passive motion in both joints. From the history of the case it was clearly of a coxalgic character; and there was, at this time, a large fistulous opening in the front of her thigh about five inches below Poupart's ligament, which was discharging very copiously a thin unhealthy pus. I could trace

the opening to the neighbourhood of the hip-joint, but had no reason to think I penetrated it with the probe, nor did I detect any carious bone. I ordered a compound syrup of sarsaparilla, consisting of sarsaparilla root, the bark of the root of sassafras, and senna, &c., with two grains of corrosive sublimate to the bottle. Of this she took a wine-glass half full three times a day. It acted as an alterative and mild aperient, and at the end of a month her health was decidedly improved. I now commenced injecting daily up the fistulous sinus a streng solution of sulphate of copper, and, after a fortnight, when the thigh had become very sore to the touch throughout the whole course of the sinus, I applied a thick compress in its direction, and passed over it and around the thigh a very tight bandage. The sulphate of copper having eaten away the surface of the fistulous ulcer, new and healthy granulations were shooting forth, which, by means of the compress and roller, were brought in contact, and a complete obliteration of the whole canal was in this way accomplished in a few weeks.

After the discharge had ceased and the ulcer was completely healed, her abdomen began to swell, and I was very apprehensive of abdominal dropsy. I increased her medicine, however, which purged her pretty freely, put her on a rigid diet, and in a fortnight more the swelling subsided. Her health now improved under the use of the syrup—her appetite, her flesh, and her strength increasing pretty rapidly.

The knee and hip-joint, at present, admitted of but slight passive motion; and when she rested upon the tuberosity of the ischium and heel, the ham of the diseased limb could not be pressed nearer than within four inches of the floor. I measured the distance upon a piece of cedar shingle—then reduced its length half an inch, and directed her father, by friction with warm oil and pressure, to endeavour to bring the ham down to the shortened stick against my next visit, which would be at the end of a week. This was accomplished,—and, by a similar course, at the end of eight weeks the knee was straight, and admitted of pretty free motion. The same treatment was, at the same time, adopted, to improve the passive motion of the hip-joint, and with the same success. She, now, supported by crutches, and assisted by her friends, walked for the first time for several years. In six months after, she could walk well, without any assistance,—was free from lameness, and was one of the most florid, fat, and healthy girls I had ever seen. She afterwards married, and, I believe, still continues to enjoy vigorous health.

Case Third.

J. D., aged fourteen years, had been labouring under a coxalgic affection for two years, which had advanced to the suppurative stage nearly a year before I was requested to visit him. Upon examination I found that a dislocation of the hip-joint had taken place—that the limb was two inches shorter than the other, and that there were five fistulous openings in the neighbourhood of the joint, which were discharging large quantities of unhealthy pus. Upon injecting warm water into one of the openings, it passed out at the other four, carrying with it large quantities of matter. I next examined with the probe, and found the head of the bone in a carious state. The compound syrup of sarsaparilla was administered, the same as in the preceding case, and with the happiest effect. His health, which, at first, was very feeble, began to improve;—the ulcers were washed twice a day with Castile soap and warm water, and dressed sometimes with bread and milk poultice, and again with simple cerate and patent lint. There was very little improvement in the condition of the ulcers during the first three months of my attendance. The health of the patient, however, was decidedly improved, and his spirits were good. About this time the head of the thigh-bone sloughed off from its carious neck, and came away. I now commenced injecting into the fistulous ulcers the solution of sulphate of copper, and treated the ulcers with simple cerate, compress, and tight roller, in the same manner as in the preceding case, and with the same success. In three months from the time the head of the bone came away, the five fistulous ulcers were all perfectly healed. During the process of healing the ulcers, the neck of the bone was forming a ligamentous attachment to the dorsum ilii. The patient was now, by the aid of crutches, enabled to walk abroad; the new joint gradually grew stronger; and two years afterwards, when I accidentally met him, I found that a strong ligamentous union had formed, which admitted of flexion, extension, and rotation. It was, for all useful purposes, a complete joint—which enabled him, now, to walk all day without the aid of crutches, and with little more than the ordinary fatigue. The limb was two inches shorter,—and, could this have been prevented, he would now have been free from lameness. This desirable end, I think, would have been attained, if, at the time the head of the bone came away, the patient had been placed in Hagedorn's apparatus for fractured thigh, as improved by Professor Gibson, and by extension and counter-extension the limb had been brought down to the proper length, and kept in that situation until ligamentous union had formed between the neck of the bone and some point of the innominatum back of the acetabulum. The health of this patient is now quite robust.

Case Fourth.

General George M. Brooke, of the U. S. Army, commanding at Fort Howard, Green Bay, having a son afflicted with coxalgia, which was likely to terminate in permanent deformity and lameness, determined to send him to Philadelphia, that he might receive the best surgical treatment.

Accordingly, Mrs. Brooke, with her son, whose name is William, and a servant, set out from Green Bay, under the care of a friend of the fa-

mily, in the latter end of May, 1835, and arrived in this city about the last of the following month.

A distinguished surgeon was immediately called in, who, after a thorough examination of the child's hip-joint, pronounced the case incurable. Mrs. Brooke afterwards invited me to see her son. She informed me that the disease had commenced fifteen months before she left Fort Howard; that it was induced by an injury; that at the end of eight months an abscess had formed involving the hip-joint, which broke and discharged for four months; that at the end of this period the abscess healed, and the limb was found to be shorter than the other; and that he had not been able to bear any weight upon that limb since the disease commenced.

The little sufferer was but four years of age, of a sanguine temperament, and of robust health.

Upon examination, I discovered that the right hip-joint was dislocated; that the head of the os femoris was lodged upon the dorsum ilii; that the right limb was about two inches shorter than the other; and that, in moving across the floor, he hopped upon the left leg, the right one hanging uselessly by his side. I gave it as my judgment that he might be cured; but was not willing to undertake the process of restoration which I had in contemplation upon my own responsibility, and requested that a gentleman of the profession in whose surgical skill I had the fullest confidence, should be called in consultation. Upon examination, he agreed with me as to the condition of the joint, but united with the gentleman first consulted in the opinion that the case was incurable. Upon proposing to him, however, a plan of treatment which the result of the last case had suggested, he consented that the experiment should be tried.

The mother eagerly embraced the proposition; and, accordingly, we at once set about making the necessary preparations to carry into effect my plan of treatment, which was to consist of permanent extension and counter-extension. As it had not been more than three or four months since the head of the bone had slipped from its socket, it was not likely that it had formed any strong adhesions in its new location; and, if not, I should be able, by a suitable apparatus, to overcome the contractions of the muscles—to bring down the limb to its proper length, and to keep it there until nature should have time to form a new joint.

I accordingly had made Hagedorn's apparatus for fractured thigh, as improved by Professor Gibson, of appropriate dimensions, and two days afterwards I commenced the treatment. It was now the fourth of July, and the weather very warm. I had the patient placed, therefore, in an airy room, upon a small table previously covered with a mattress and a linen sheet, with a pillow under his head. I had at the same time another table, of the same size, placed in his room, with a circular opening near its centre, about nine inches in diameter, to which was affixed an appropriate tin vessel. This arrangement answered the purpose. As often as he wished *aller à la selle*, it was very easy to slip him from one table to the other without disturbing the apparatus. For a description of the apparatus, I refer the reader to Professor Gibson's Surgery, plate xii., page 294. When I first placed the splints upon the child, and attempted to draw down the foot of the affected limb to the foot-board, the effort gave him considerable pain. The muscles, indeed, were so rigidly contracted, that the first trial was without effect. Besides, our patient's sufferings were so great, that we did not think it prudent, the first day, to keep him in the apparatus more than an hour. At the suggestion of the consulting surgeon, the integuments of the joint were rubbed freely twice a day with an ointment composed of twelve grains of iodine, four scruples of hydriodate of potassa, fifty drops of oleum nicotianæ, and two ounces of adeps præparata, which had a very relaxing effect upon the muscles. The second day our patient bore the extension and counter-extension two hours with less suffering, and with some success. The foot, by this effort, was brought a quarter of an inch nearer the foot-boards, which gave us some encouragement,—although it returned as soon as the extending straps attached to the gaiters were loosed. The splints were re-applied every day, gradually increasing the time of their application and the extending force applied to the affected limb. Three weeks, however, had elapsed before we were enabled to keep the apparatus permanently applied. The little patient was now very comfortable, and, after three weeks more, the foot of the shorter limb was brought in contact with the foot-board. But, as the ends of the bones forming the joints of the sound limb were pressed close together, and as those of the diseased limb were drawn apart as far as the ligaments would allow them, and long-continued extension had probably lengthened them a little, I caused an excavation to be made, half an inch deep, in the foot-board opposite the foot of the diseased side,—and, at the end of two more weeks, this foot was brought in contact with the bottom of the excavation.* I was now satisfied that if nature would form a ligamentous joint, with the limb in this situation, we should have a radical cure, and without deformity. As well as I could ascertain, the head of the bone was now resting against the os innominatum immediately behind the acetabulum. Mrs. Brooke was now highly delighted with the prospect of her son's restoration,—and, feeling confident that she could carry out the plan of treatment at Green Bay, was very anxious to return. And, accordingly, on the 8th of September, she turned her face homewards. Her son, extended in the apparatus, travelled upon his back in steamboats, canal-boats, lake-boats, and rail-road cars, from this place to Fort Howard, fifteen hundred miles, without once having his feet detached from the foot-board. I shall be mainly indebted to my correspondence with General Brooke and

* This may prove a profitable hint to those who treat oblique fractures of the thigh-bone with this apparatus.—W. H.

others, for the remainder of the narrative of this case.

Extract of a letter from General Brooke, dated

"*Fort Howard*, October 12th, 1835.

"Doctor Macomb, of the Army, happened to pass this way with some recruits, and examined William particularly. His hips and legs are perfectly alike, and the Doctor thinks the head of the bone has returned completely to the socket. When the gaiter is loose from the foot-board, he uses his leg with the greatest natural ease, throwing it up from the splints. The limb has ceased to contract, when loose, for more than two weeks. We shall, however, continue him in the splints, and upon his diet, until all danger has passed, probably at least two months more."

The apparatus was continued, according to my direction, from the commencement until it was finally removed, about one year. During all that period the boy enjoyed excellent health, and was very contented and happy.

Extract of a letter from General Brooke, dated

"*Fort Howard*, November 12th, 1836.

"This will be handed you by my friend, Mr. Benjamin L. Webb, whom I asked to call this morning, for the purpose of looking at William. He will be much more able to describe, orally, the appearance of his leg and hip, than I can by writing. The case, we all think, will be nearly a perfect cure. The lameness is scarcely perceptible, if at all. His leg is, perhaps, the eighth of an inch shorter than the other,—and, by lying on his back, and pressing a little on the knee, there is no difference. Both surgeons Satterlee and Wright, the attending physicians of the garrison, are delighted with the cure, and think the application of the splints in cases of hip-joint disease worthy of all praise."

Mr. Webb, to whom the General refers in his last letter, was disappointed in his intended visit to Philadelphia, but wrote to me a letter dated "New York, January 23d, 1837," of which the following is an extract:

"Under the expectation that I should visit your city on my return from the West, I called, at the solicitation of General Brooke, at Fort Howard, to see a child of his, in order that you might be informed of the cure wrought by means of your treatment of him when painfully afflicted with hip-joint disease. I found his child, apparently about six years of age, capable of walking without the assistance of any crutch at all. He was requested by his mother to "march," and his long strides evinced to me that he experienced no pain by the action. He was then requested to take hold of a crutch, and, leaning upon it, to swing his leg around as high as it could be raised,—and he did so, throwing it forward, backward, and sideward, in the most perfect manner. He then lay down, and his leg was measured, which was about a quarter of an inch shorter than the other. I am, in my own mind, satisfied that, in this instance, a perfect cure is effected. His parents both consider it a remarkable recovery; and the General desired me to say to you, sir, that he should be happy to have you use, in any way, the statement of his son's case, that would promote the interest of the medical profession."

According to the testimony, then, of General Brooke, it appears that "the cure is nearly perfect," "the limb is, perhaps, an eighth of an inch shorter," and if the knee be pressed down, "there is no difference," "the lameness is scarcely perceptible." Mr. Webb, however, testifies that "the limb is one-fourth of an inch shorter than the other," that the joint admitted of extension, flexion, and rotation, that he *marched* with the long, easy strides of a soldier, and he considered that "a perfect cure is effected."—Whether there is a line and a half, or three lines, or "no difference" in the length of the limbs—the fact that he has a good joint, and that he can walk without crutches, and with "lameness scarcely perceptible, if at all," I am free to confess that a more perfect cure has been accomplished, than I ever, in my most sanguine moments, anticipated.

A few months after this, I received a letter from Mrs. Brooke, which has been unfortunately mislaid, and cannot now be found, containing the melancholy intelligence, that William, owing to laying aside his crutches too soon, or to using his limb too freely, or to another injury, had a return of his hip disease. Another abscess, involving the new joint, had broken, and was then discharging, and the limb had again become shorter.

I advised that the original plan of treatment be adopted immediately, which was done, and continued several months.—The same good effect followed.—The abscess soon healed, the limb was again brought down, a ligamentous joint again formed, and the boy is again upon his feet. During his last confinement to the apparatus, the extension, and counter-extension, used, was not sufficiently powerful, as his leg is now precisely half an inch shorter than the other. He is still a little lame, but can walk without crutches, though he is still using them as a matter of prudence. He is in fine health, which, indeed, has never suffered from either of his long confinements. He will soon be able to walk upon his limb all day without crutches, and with but very little lameness. The cure, however, is not as perfect as it was after the first effort.

The history of this case has fully satisfied me that the extending and counter-extending apparatus, timely applied, and continued a sufficiently long time, will prevent any shortening of the limb, or deformity from coxalgia, and I furthermore believe, that if I had kept William Brooke in Philadelphia, under my own care, his restoration would have been complete. Far be it from me to attach blame to any person;—but no one could reasonably expect that another would carry out a new plan of treatment with the same attention and care as the individual with whom it originated.

Case of Hydrocele Successfully Treated by Acupuncturation. By W. HARRIS, M. D.

A. B., aged sixteen years, in consequence of a slight injury, had an effusion of serum into his left tunica vaginalis testis, constituting hydrocele. His extreme modesty induced him to conceal his disease even from his own family, and to attempt to cure it himself. He procured a thumb lancet, opened the sac, and evacuated the fluid; the wound healed kindly, but at the end of three weeks, finding the collection of water greater in quantity than before, he repeated the same operation, and the same results followed. At the end of three more weeks, another experiment was tried. He concluded that if he could establish a permanent opening into the sac, the water would run out as fast as it collected, and a cure would eventually be accomplished. Accordingly he directed a *silversmith* to make him a silver tube, rather less than half an inch long, with a circular prominence at each end. He now opened the sac again with his lancet, allowed the water to escape, and then introduced his silver tube far enough to let the internal prominence rest against the internal surface of the tunica vaginalis testis, and to allow the external prominence to come in contact with the integuments. In this condition the surrounding parts healed close around the tube. After suffering great inconvenience from the perpetual fountain he had established, for several weeks, his clothes being constantly wet from the continued dribbling, and seeing no prospect of a cure, he came to my office, and consulted me on his case on the 5th of October last. After an examination of the part affected, I requested him to sit down, and to allow me, by dividing the integument on one side of the tube, to remove it. He replied that he would rather remove it himself, after he returned home. To this I consented, and directed him to apply adhesive plaster over the wound, and, after it was perfectly healed, to call again. As there was a good deal of irritation around the tube, and considerable thickening of the integument, I indulged a hope that the adhesive stage of inflammation was fairly set up within the vaginal tunic, and that a radical cure would follow the removal of the tube; but in this I was diappointed. When the patient called again, after a lapse of three weeks, the wound had healed, and there was a collection of about six ounces of water. Knowing that the attempts to affect a radical cure of this disease by *incision*, by the *seton*, and by *injections*, had often failed, and that *acupuncturation* had been followed by great success in the practice of Drs. Morand, Lewis, and others, I determined to try it in this case. And accordingly, I placed the patient in a sitting position, and directed him to seize the tumour by its posterior surface, and press the fluid forward, whilst I introduced an acupuncturation needle in eight different places upon the anterior and inferior surface of the tumour. Sometimes, upon withdrawing the needle, a very fine stream would spout forth for a few seconds, and again only a few drops. There was not, by this operation, more than half an ounce of fluid withdrawn, but the next day when the patient called, I found that the serum was extensively diffused through the cellular membrane between the integument and the tunic. At the end of a fortnight, the fluid in the cellular structure having been all absorbed, and there still remaining three or four ounces within the tunica vaginalis, I performed the same operation again, and with the same favourable results. This operation was repeated six times afterwards, at intervals of one week, with so much success, that the last time I saw my patient I did not think that there remained more than a drachm of fluid, and that another operation was unnecessary. I directed him to rub the scrotum with Linimentum Saponis twice a day, to keep it drawn up tight by a scrotal suspensory truss, with a view to promote the absorption of the little fluid that remained.

I directed the youth to call again, if he had any return of the disease, but as it is six weeks since, and he has not favoured me with another visit, I conclude, with confidence, that he is well.

General Observations on the Means of Preserving Health in an Army, by the late HUGH WILLIAMSON, M. D., L. L. D., *Surgeon General of the Continental Army, in a letter to the late* DAVID HOSACK, M. D., L. L. D., F. R. S.

[Communicated to the Editors by Rev. H. W. Ducachet, D.D.]

In the summer season, the troops in general, especially the militia, were employed in active service. They did little garrison duty. In that case they did not suffer much by sickness. Their chief complaints were bilious intermittents. Those fevers, however, were greatly promoted, especially in the Southern states, in the warm season, by the imprudent indulgence of individuals. The writer recollects a particular family, consisting of twelve or thirteen persons, of whom, about the middle of August, there was only one person who was not more or less afflicted with fever. The troops usually finished their day's march by eleven o'clock, A. M., and then, the officers in general, as well as the privates, counted it a luxury, under the shade of a tree, to scrape away the dead leaves, and spreading a blanket on the cool ground, enjoy the pleasure of a siesta. There was, in that family, one person only who never slept nor rested on or near the bare ground. He conceived that the moisture which was commonly ascending from the earth, partly composed of decaying vegetables, must be injurious, therefore he usually reposed on camp stools, or on a plank, or on a large piece of bark taken from a dry tree. That officer alone escaped the fever. Hence it is inferred that troops should be lodged as clear as possible from the moist ground.

There is much reason to believe that two-thirds of the complaints by which military men suffer, originate in the circumstance of sleeping too near the moist ground, by which the perspiration is checked, or moisture is absorbed, that, in most cases, is charged with putrescent vegetable substances.

Of Troops Encamped.

From the month of October, 1780, a corps of militia were encamped on the southern border of Virginia, eight or nine months. Their number varied from five to seven hundred. The gentleman who was at the head of the medical staff, resolved, with the approbation of the general officer who had the command, to try how far attention and care would succeed in preserving the health of troops, especially in the winter. The troops were encamped in the midst of a settlement that was entirely composed of small farmers. The position of the enemy indicated that particular post for the camp; and, fortunately, vegetables abounded among these farmers. Besides potatoes of both kinds, and collards, these people, in general, had a small field of turnips, which they never pulled during the winter, except as they wished to eat them. It happened, also, that slabs, planks, or boards were to be obtained with much ease in that vicinity. Availing himself of these circumstances, the medical gentleman referred to, caused the troops to prepare for themselves huts that defended them perfectly from snow or rain. They slept, in general, upon straw, but, in all cases, they were directed to have slabs or boards under the straw, for the ground, except in the middle of winter, was not frozen.

Each mess, of eight or ten, was required to send out a man every day, when the weather was not inclement, in search of potatoes, collards, turnips, onions, or vegetables of some kind. They were well provided with iron pots, or iron camp kettles, and they were required to boil their meat instead of broiling or roasting it. Thus it was that in most cases they had a comfortable dish of soup for dinner, and if there was a lack of vegetables they added the Indian meal to the liquor in which their fresh meat was boiled.

Although vegetables and soup are by no means so nourishing, pound for pound, as flesh, yet it is clear that a more bulky meal, containing more phlegm or watery particles, tend much more than dry flesh to preserve health and prevent colds and fever, by passing off by the pores of the skin. However that may be, the fact is, that, during the winter, spring, and part of the summer, they did not bury more than two men, and none were sent home as invalids.

To obviate the scandal under which some medical gentlemen had laboured, near the main army, being charged with drinking the wine that had been purchased for the sick, care was taken that no wine should be brought into the hospital attached to that camp.

In general, the doctor who presided in that camp, believed that it was not sufficient to give soldiers proper instructions in the mode of conducting themselves, so as to preserve health. He knew that all such bodies of men are apt to be careless. They do not think of probable consequences. He knew also that regimental surgeons and their mates seldom took an interest in the health of the troops. A sickly army was counted a general calamity. They did not trouble themselves in attempting to prevent such calamity. He had known too many instances of their criminal indolence, neglect, and dissipation. They pampered themselves at the expense of the sick. Instances he had known of a regimental surgeon selling wine and sugar to officers of his regiment, which had been put into his hands for the benefit of the sick, but that very surgeon paid very little attention to the sick. The more of them who died, the proofs were the stronger of a sickly camp.

Being possessed of such information, the gentleman who had the care of the camp, above mentioned, did not count it sufficient to give proper directions to regimental surgeons, or their assistants; he visited the several huts in person every second or third day, to see whether his orders were duly executed. And the neglect or bad conduct of any surgeon was sure to be followed by a discharge from the service.

In a word, it was his fixed opinion that one-third of the deaths that happen in camps, may be traced to the ignorance or criminal neglect of the medical gentlemen attached to the army.

Child expelled from the Womb after Interment.—A well authenticated account of this curious occurrence is reported in the November number of the Edinburgh Medical and Surgical Journal. The mother had died in labour, after forty eight-hours of severe, but ineffectual pains. The cervix uteri was diseased, and the os uteri had never become sufficiently dilated to justify artificial delivery. Three weeks after burial, the body was disinterred, in consequence of reports that she had not been properly treated. "When the shroud, which covered her, was removed, a child of near eight months growth was lying on the thighs, the head downwards, and one foot and the funis still connected in the vagina." The inference is, that the child was expelled in the grave. This, it is suggested, might have been "owing to the resistance of the *os uteri* and *cervix* being overcome, 1*st*, by the relaxation occasioned by the act of dissolution, and 2*d*, by the collapse of the cauliflower excrescences, which seem to have been rigid and swollen during life, but were totally gone on the necroscopic inspection; and *secondly*, by the distension of the parietes of the abdomen from the gas evolved during decomposition, the *os* and *cervix* reacting upon the most yielding parts, which were now the *os* and *cervix uteri*, and thus, by their common elasticity only, expelling the child. The collapsed and flaccid state of the *uterus*, the very relaxed *cervix* and mouth, the distended abdomen, all concur in supporting this view."

Another explanation offered, is, that "during the changes which take place after death, a quantity of gas would be excreted into the internal cavities of the body. The effect of this would very likely be to drive out the child, upon the same principle as a cork is driven from a bottle of ginger-beer or soda water."

REPORT OF CASES TREATED IN THE PHILADELPHIA DISPENSARY,

For December, 1838.

[*To be Continued Monthly.*]

CASE.	Total.	Cured.	Dead.	Country.		Infant.		Between the ages of										In what District occurring.					
				F.	N.	M.	F.	1 M.	5 F.	5 15 M.	F.	15 25 M.	F.	25 45 M.	F.	45 — M	F.	N. E.	N. W.	S. E.	S. W.	N. M.	S. M.
Abscess,	1	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0
Apoplexy,	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0
Burns,	1	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Bronchitis,	8	8	0	2	6	0	0	2	2	0	0	0	0	0	2	1	1	1	0	1	3	1	2
Catarrh,	5	5	0	1	4	0	2	0	1	1	0	0	0	1	0	0	0	4	0	1	0	0	0
Cephalalgia,	1	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0
Contusion,	3	3	0	0	3	0	0	0	0	0	0	0	0	1	0	1	1	1	0	1	0	1	0
Constipation,	2	2	0	2	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2	0	0
Colic,	5	5	0	2	3	0	0	0	0	0	1	0	1	0	1	0	2	2	0	0	1	2	0
Croup,	2	2	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Cynanche Tonsilaris,	1	1	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0
do. Parotidea,	3	3	0	0	3	0	0	2	1	0	0	0	0	0	0	0	0	0	0	1	2	0	0
Dentition,	2	2	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
Delirium Tremens,	1	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Diarrhœa,	5	5	0	0	5	1	1	2	1	0	0	0	0	0	0	0	0	4	1	0	0	0	0
Dyspepsia,	2	2	0	1	1	0	0	0	0	0	0	0	1	0	1	0	0	1	1	0	0	0	0
Dysentery,	1	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0
Emesis,	1	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Erysipelas,	1	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0
Fever, Intermittent,	1	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0
———, Remittent,	8	8	0	0	8	0	1	2	0	0	2	1	1	0	0	0	1	1	3	2	0	0	2
———, Bilious,	1	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
———, Typhus,	2	1	1	0	2	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Hysteria,	1	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0
Hæmoptysis,	2	2	0	0	2	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2	0
Marasmus,	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Menorrhagia,	1	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0
Neuralgia,	5	5	0	1	4	0	0	0	0	0	1	0	2	0	2	0	0	1	1	2	0	1	0
Ophthalmia,	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0
Pertussis,	5	5	0	0	5	0	0	3	2	0	0	0	0	0	0	0	1	0	0	4	0	0	0
Pleuritis,	2	2	0	2	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1	1	0	0
Phlegmon,	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Phthisis,	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Pneumonia,	2	1	1	0	2	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Porrigo,	2	2	0	0	2	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0
Psora,	1	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
Psoriasis,	1	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Rheumatism,	2	2	0	1	1	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	1	0
Scarlatina,	3	2	1	2	1	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	3	0
Scrofula,	1	1	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Sprain,	2	2	0	0	2	0	0	0	0	0	0	0	1	1	0	0	0	1	0	0	0	0	1
Suppressio Mensium,	1	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Ulcer,	2	2	0	0	2	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0
Urine, Incont. of,	1	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0
Varicella,	1	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
Vermes,	1	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
	98	93	5	19	79	5	8	16	9	7	3	2	12	4	15	4	7	27	10	13	17	21	10

This Report excludes several patients who have been relieved, but not cured, or have been sent to the Alms House, or Hospital; also forty cases prescribed for at the Dispensary, during the month of December.

Annual Report of the Obstetric Practice in the Philadelphia Dispensary. By JOSEPH WARRINGTON, M. D., Accoucheur.

Since the Annual Report for 1837, eighty-eight women have been delivered at full time; there have also been five cases of abortion, and one of miscarriage, making ninety-three cases referrible to the Obstetric department.

In forty-eight cases of labor, of which records have been kept as fully as circumstances would admit, there were delivered twenty-eight male and twenty-one female children, one woman having twins. All the infants have done well, except one affected with cyanosis, which died in convulsions thirty-eight hours after birth. Its respiration was always feeble and its skin constantly blue.

The average duration of labour in thirty-one cases was ten and a half hours; the shortest period being one hour, and the longest seventy-two hours.

The average time for the spontaneous expulsion of the placenta in thirty-six cases was twenty-three minutes, the extremes being three minutes and three hours.

Of twenty-six cases of vertex presentation, sixteen were of the first position, eight of the second, one of the fourth, and one of the fifth.

One case occurred in which one foot and one knee presented in the first position.

In one case of impracticable labour, delivery was effected by the crotchet; and in one case of atony of the uterus, which failed to respond to the use of ergot, delivery was effected by the forceps.

One patient was attacked with metro-peritonitis, which continued ten or twelve days. Two were attacked with metritis—all recovered.

Most of the cases of midwifery which occur in the Philadelphia Dispensary are appropriated to the purposes of clinical practice.

Twelfth month 31*st*, 1838.

BIBLIOGRAPHICAL NOTICE.

Observations on Hypertrophy, and other Affections of the Os Uteri. By EVORY KENNEDY, M. D. Master of the Dublin Lying-in-Hospital. [Dublin Journal of Medical Science. Nov., 1838.]

The affection, to the consideration of which Dr. Kennedy's interesting paper is devoted, consists in an undue growth of the intrinsic, or fibro-cellular tissue of the lips of the os uteri, independent of any morbid change beyond the loss of balance between the secreting and absorbent vessels of the part. Contrary to the usual course of excessive uterine developement, the hypertrophy, in this case, occurs in the direction of the length of the organ, and not transversely. The aperture of the os uteri maintains its natural relations to the roof of the vagina, "the development of the new growth projecting below the opening." The anterior lip is by far the most frequent seat of the affection, the posterior more rarely,—and "it occasionally happens that both the anterior and posterior lips become hypertrophied, and this more especially in women who have borne children. In such, the fissured or divided state of the os, that so frequently results from labour, generally continues,—the anterior and posterior lips presenting separate or distinct tumours." In one case the os uteri was "fissured into three divisions, the intermediate substance becoming hypertrophied at three points." The whole circumference of the os occasionally becomes hypertrophied in women who have not borne children; no fissure existing, such a case would naturally be confounded with prolapsus, unless a careful examination were made. The mucous membrane covering the internal parietes of the hypertrophied portion, is rugous, resembling the lining of the uterine cavity,—is often quite vascular, and frequently exhibits slight vesicles or granular growths on its surface. The outer mucous covering is polished and smooth. In one case, a peculiar appearance was presented.

"The fibro-cellular, or, as it is termed, the parenchymatous portion of the anterior lip, in its excess of developement, had enlarged into the vesico-vaginal septum, separating the bladder and vagina, in its growth, and consequently, in place of having a distinct covering of mucous membrane, it was covered by the vaginal mucous membrane at its anterior part or point only."

Hypertrophy of the os uteri may exist for some time without any peculiar symptom, although generally a particular train of symptoms is speedily manifested. A sense of fullness and weight, accompanied with burning and throbbing, aggravated at each catamenial period, are among the first indications attending this growth. As the disease progresses, the symptoms approach very nearly to those of prolapsus, and careful examination is necessary to distinguish between them. From the preternatural growth of the os uteri, its weight and bulk give to the patient the idea of a foreign body in the vaginal cavity, occasion a bearing down sensation, and are productive of much irritation. When the anterior lip is involved, the functions of the bladder become impeded, and micturition and retention of urine occur. When the posterior lip is the seat of disease, costiveness, or pain at stool, are the consequences. Here retroversion or anteversion of the uterus are simulated. The menstrual dis-

charge usually continues regular, and, occasionally, menorrhagia occurs. Leucorrhœa is almost a constant complication, and much pain is experienced in coition. On examination with the speculum, a simple increase of bulk is the only appreciable appearance in some cases; in others we find a highly vascular condition of the hypertrophied part, with granular disease.

Hypertrophy of the os uteri is very likely to be mistaken for polypus of that organ, from the great extent of its unattached surface, and from its connexion with the womb being at its superior portion. It may be distinguished from intra-uterine polypus, by its external connexion with the womb, and from its attachment not being pediculated, it differs from polypus of the neck or os tincæ. To the amount of sensibility present Dr. Kennedy does not attach any importance in diagnosticating between the two diseases, as its absence is but an equivocal test for polypus, and great insensibility is frequently manifested in hypertrophy.

In the treatment of this affection, where there is any thing approaching to a congestive or inflammatory condition, local depletion, warm hip-baths, saline aperients, a protracted use of alteratives, anodynes, and a strict adherence to the horizontal position, must be employed. Dr. Kennedy has found washing the hypertrophied part with a strong solution of lunar caustic, or the application of the solid caustic to it, to be of service. Should these means fail, and serious symptoms occur, then the removal of the hypertrophied portion must be had recourse to. To guard against excessive hæmorrhagy, Dr. Kennedy applies first a ligature, and removes the tumour below the strictured part with a pair of curved scissors, the blades of which are placed at an angle with their stalks.

In the impregnated female, hypertrophy of the os uteri is very frequently met with, and deserves to be ranked among the complications of labour. Protruding before the head of the child into the vagina, it is often mistaken for an extraordinary presentation, placenta, or polypus. Its texture, in such cases, is loose and soft, and during parturition, especially when prolonged, communicates the sensation of fluctuation, giving the idea of a tumour containing fluid.—As in the unimpregnated state, the anterior lip is the usual seat of the affection. The degree of thickness varies from three lines to nearly an inch, and it is from half an inch to four inches in length. It is commonly broad at its point of connection with the uterus, yet sometimes its base is narrow, and resembles very much a polypous growth.

Where the hypertrophied os uteri arrests the progress of the labour, Dr. K. has found a very simple manipulation to answer—to press the protruding lip gently upwards, and retain it with the fingers, during two or three pains. If this should fail, "a small piece of sponge tint may be pressed up, so as to rest at the upper part of the space through which the lip protrudes, and prevent its relapse." Where it is impracticable to accomplish this from the extent of the protrusion, or from want of space between the head and pubis, he advises puncturing, with a lancet, the protruded lip. Sometimes edema of the lips of the os uteri occur, with astonishing rapidity, during the progress of a difficult labour. Here a few punctures will evacuate the fluid, and hasten, materially, labour.

It is not, sometimes, until after delivery, tha these conditions are discovered by the practitioner, and then "a deeply colored fleshy mass" is found within the vagina, or beyond the vulva. This is mistaken for a prolapsus, or inversion of the womb, or for polypus.

"It is to be diagnosed by introducing the fingers, or hand, if necessary, into the vagina, when having ascertained that the uterus is in its natural position, by feeling the os and neck, we must satisfy ourselves that the connection of the protruding tumour is with the neck of the uterus by an extended base, not a pedicle, as in polypus. In fact, the examinator must satisfy himself of its being a continuation or elongation of the lips downwards, by an excess of growth. The production is generally less tumid and thick, or rather more flaccid, just after delivery than during labor."

In these cases, nature is usually competent to effect a cure herself; sufficient time should therefore be allowed to elapse after parturition, before the practitioner attempts to interfere, "and even then, if it continue, he should not unnecessarily remove the hypertrophied portion, unless it do not yield to the treatment before recommended, or inconvenience shall occur from it to a sufficient extent to justify the operation." The longer the delay the less risk is run, for, from the contraction of the womb, the diminished bulk of the tumour will render the operation easier.

We hope to have other opportunities of presenting to our readers the result of the observations of so practical and accomplished an obstetrician as Dr. Kennedy.

CLINICAL LECTURE.

PHILADELPHIA HOSPITAL.

SCROFULA.

Saturday, 15th December.—Dr. Jackson observed, that he should to-day present to the class several cases of patients affected with scrofula, and offer them some general views in relation to the character of this disease. This subject, said he, is one of considerable complications; and the great difficulty in medicine, as well as in all other sciences, consists in these complications. Rightly to understand any branch of science, we must break up the compound parts which constitute it, into their simple elements,—and the difficulty of doing this is, perhaps, greater in medicine than in any of the sister sciences. We are, however, in it, slowly advancing to the reduction of compound into simple elements; and, in the study of disease, it is chiefly by falling back upon our knowledge of anatomy and physiology, that this can be effected. Scrofula belongs to a class of affections, that can be understood only by a thorough knowledge of the organs and of the functions involved.

There is a natural group of diseases, separated from all others by distinctive and well-marked characters. They constitute a class by themselves,—and, from the organic element which is their essential base, may be termed lymphatic diseases. In this class we may place—1st. Scrofula, manifested most clearly in the lymphatic glands and vessels. 2d. Tubercular disease, consisting in a deposition of a specific kind of matter in various tissues. These two are often regarded as precisely the same; they are certainly different. Many patients have scrofula for years without tubercular disease; and numbers have tubercular diseases who have never manifested the slightest tendency to scrofula. 3d. White induration, hardening, or sclerosis:—this affection is chiefly limited to the derma, extends to the cellular tissue without gelatinous effusion; and, I suspect, is the affection in the lungs named by Laennec, tubercular infiltration, the tubercular character of which is very doubtful. 4th. Elephantiasis of the Arabs:—in this disease there is chronic enlargement, thickening and induration of the skin and cellular tissue, with gelatiniform effusion. 5th. Elephantiasis of the Greeks, originally a disease of the derma and cellular tissue, appearing in the form of solid tubercular tumours.

This group cannot be confounded with inflammations. They have no characters in common with inflammation. They are rarely acute, are chronic or slow in disposition. In their simple state there is no redness; red blood does not participate in the morbid action or its products; there is no increase of temperature; very seldom any alteration of sensibility; they never suppurate, or form proper pus. Thus, you perceive, that the characters of this group, distinctly defined, stand out in strong contrast with the equally well-marked characters of inflammatory diseases.

The seat of the lymphatic diseases is in the white tissues,—structures into which red blood does not penetrate, except when they are in a state of inflammation. They are nourished, formed out of lymph blood, and their mode of vitality, and their vital forces, are in relation with, and are sustained by lymph blood. While these tissues are subject to inflammation—when they change their character, becoming injected with red blood, and exhibit the ordinary signs and effects of inflammation—they are also subject to the pathological conditions before described, in which lymph blood and lymph capillaries alone are concerned in the structural alterations induced. It is a state, in its anatomical and physiological characters and elements, entirely dissimilar to inflammation.

The analysis may be extended further, and, embracing the general functions, throw additional light on some of the phenomena of scrofula, respecting which there prevails a diversity of opinion amongst authors.

The phenomena of life may be classed in three principal circles, to which there are others subordinate. The first are those of the nervous system, (the dynamic organs and phenomena of vitality,) to which the muscular system is subordinate. The second are those of the system of the mucous membranes and glandular system, which is an extension and ramification of the mucous membranes, (the plastic or formative organs and phenomena of vitality.)

The third are those of the circulatory apparatus, and of the blood. This circle is intermediate to the two first; it interlocks, as it were, with both, and sustains their activity. The blood is the element of life. The nervous or dynamic phenomena are in a state of immediate and unceasing relation with red, arterial, or oxygenated blood. It furnishes the elements of nervous energy or force, whatever that may be; and the interruption of its supply for four or five minutes is inevitable death, the extinction of the nervous or dynamic forces of the economy.

The blood, at the same time, furnishes to the various organs, the plastic elements, out of which the secretions and different structures of the economy are formed.

In this manner, the phenomena and functions of the two first circles are directly dependent on the quantity, the quality or composition, and the distribution or supply of this fluid.

Now, this vital fluid, while in the distributive apparatus of the circulatory system, (the heart and large blood-vessels,) presents the aspect of a homogeneous fluid; it is of a scarlet or of a purple hue. In the plastic or formative part of the system, (the capillaries,) it separates into two distinct kinds of blood,—red blood, and colourless or lymph blood. Thus, there are red or sanguine capillaries, and colourless or lymphatic capillaries.

These last are found in all the white tissues, those which are not nourished or formed of red blood, but which, in a healthy state, are penetrated only by colourless or lymph blood. The

mode of vitality, the functions and arteries of those tissues, their capillaries and nutritive fluid, are totally dissimilar to the mode of vitality, the functions and arteries of the red tissues and organs composed of them, of the red capillaries and of the red blood. These differences prevail not only in health, but of necessity extend to disease.

While red capillaries and red blood belong almost exclusively to certain tissues, (muscular or contractile—some glandular, as liver and kidneys, and the spleen,)—and while colourless capillaries and lymph blood belong almost exclusively to other tissues, (cellular-serous, all the sclerous, nervous medulla,) there are other structures in which both are nearly equal, as the skin, and some of the mucous membranes. In these mixed structures, the proportion of the two kinds of capillaries is not a fixed one; it varies in different individuals. In some, the red predominate—the complexion is deep, dark, or sanguine. In others the lymph capillaries are ascendant, and the skin is fair, delicate, and pallid.

The subordinate circles are those of the sclerous and stratified tissues, (bones, cartilages, fibrous membranes:) the visceral envelopes, (serous and fibro-serous membranes:) and the external envelope or peripheric structure, (the skin.) This last is a mixed structure—the nervous is largely diffused in it—the mucous membranes participate, and the vascular in both its elements is also present.

This division of the phenomena or functions of life, and structure, is not hypothetical. It is the result of strict analysis, and is traced back to the first developement of the embryon. The formation of these three primary circles, is the movement to the formation of the embryon from the germ. The proligerous membrane of the egg, when fecundation has taken place, splits or divides into three layers. The superior, called by Pander and Burdach, serous, from its aspect, but which would be more properly named nervous, is that from which the spine, spinal marrow and brain are immediately formed. It is extended so as to enter into the formation of the skin, or its exterior. The lower is the mucous layer, and from it are formed the whole alimentary canal, the lungs and glands, and it contributes to the structure of the skin internally. Between the two is the vascular layer, a granular substance soon changing into blood, into the heart, becoming concrete in its walls and fluid in its centre and the great vessels. Thus the rudimentary form of the embryon is three different layers of plastic matter, which are developed and metamorphosed into three distinct circles of systems and functions, continuing throughout the future existence of the individual.

As these three circles exhibit specific phenomena in health, they present equally specific phenomena in disease. In pathology as in physiology, there are circles of phenomena. For the first circle we have, in their simple state, purely nervous disorders, (hallucinations of the senses, spasms, neuralgias.) For the second, the simple disorder of secretory and plastic functions of the nervous membranes and glands, (excess or absence of secretion, some forms of indigestion, constipation, &c.) For the third, connected with the red capillaries, red tissues, and red blood, there are inflammation and its results—(as the simple phlegmasiæ, pneumonitis, hepatitis, pleuritis, gastritis,) and connected with the white capillaries, white tissues and lymph blood, there are the lymphatic diseases, spoken of already (scrofula, tubercular disease, and the others named before.)

Now the above elementary diseases belonging to the primary tissues and organs, and affecting the especial functions already pointed out, may occur singly, locally, generally, or they may take place in combination; nervous, sanguine inflammatory, or lymphatic disease may exist, each alone; or nervous affection and inflammation may be conjoined; or nervous and lymphatic may concur, or lymphatic disease and inflammation be associated as is seen in some cases of scrofula—and especially in many ulcerative and eruptive diseases of the skin.

If, now, to the above simple and primary disorders, we add those produced by specific poisons, animal, vegetable, or mineral; and again, conjoin those resulting from specific contagions, causing eruptive fevers, small pox, scarlatina, &c.; and again, to the above unite those produced by aerial, tellurial and miasmatic influences, as influenzas, wide-spread epidemics, spasmodic cholera, fevers, epidemic and endemic; and keep in view the consequences on all the functions and vital phenomena of a depraved condition of the blood that may occur in disease; we shall possess the elements of nearly all the pathological conditions to which the human economy is subject.

We have thus broken down the pathological conditions into their primary elements, and remembering that these elements unite in every possible proportion, by knowing them in their separate state, we can recognise them in their combination, and assign to each phenomenon or symptom of a complex affection its proper source. When the simple is well known, the compound cannot be misunderstood.

Having by this analytical process, attempted to break up the phenomena of disease, and to reduce them to the expression of their simple states, the views I entertain with respect to scrofula, will probably be more clearly understood.

Scrofula, as was before stated, belongs to the class of lymphatic diseases, and I place it first on that list, as being the most frequent in occurrence.

It presents itself under different forms, constituting different species or varieties:

1st. As affecting the lymphatic glands,—Glandular Scrofula.

2d. As affecting the cartilages and ligaments of the joints,—Articular Scrofula.

3d. As attacking the periosteum, and thus involving the bones,—Periosteal and Osseous Scrofula.

4th. As affecting the skin and some of the

more exterior mucous membranes,—Cutaneous Scrofula.

Scrofula not only occurs in the above forms, which are its purer or simpler expression in particular tissues, but it is capable of being excited by, and becoming associated with other affections, constituting a complicated or hybrid disease. For instance, the exciting cause of scrofula may be syphilitic ulcers or buboes, and being developed in the seat and tissue affected with syphilis, a modified disease is produced, generally of very inveterate character, and requiring great prudence in its treatment. This form may be termed syphilitic scrofula.

Mercury administered without reflection and and discrimination, often induces constitutional and local affections, that, no doubt, have often been mistaken for syphilis itself. The throat, the periosteum, the fibrous tissue generally, and the skin, are liable to the mercurial forms of disease, appearing as inflammations, swellings, pains, ulcers, and eruptions. In persons of the lymphatic temperament, and scrofulous diathesis, the mercurial diseases will become exciting causes of scrofula, and as in syphilis, the two become conjoined. Cases of this character I have uniformly found intractable, entailing great suffering, and difficult in treatment. It may be termed mercurial scrofula.

The specific cutaneous diseases of an inflammatory and eruptive character, also excite scrofulous disease, which may then run on in conjunction. Many of them appear, in their proper character, to be an association of inflammation and lymphatic disease. The existence of sanguine and lymphatic capillaries, largely distributed in the skin, and in nearly equal proportions, renders this combination not only possible but probable. It is theoretically demonstrated, and from the peculiar characters, products in the forms of secretions, crusts, squamæ, &c., and treatment of these affections, would appear to be equally demonstrated by the phenomena of the diseases themselves.

Such are the various forms and combinations, in which, it appears to me, I have met with scrofula: at least, from an attentive observation of numerous different cases that have fallen under my notice, and reflection on their peculiar characters, they have struck me as presenting the forms in which I have arranged them.

It is not my intention to present to you a history of the different lymphatic diseases, or even to enter upon a discussion of the different forms of scrofula. An elaborate work would be required, or a whole course of lectures devoted to that subject alone. I shall merely direct your attention to the first form of scrofula—the glandular—as the one most frequently occurring in practice.

The seat of glandular scrofula is the lymphatic glands. These are small vascular bodies connected with the lymphatic vessels. They appear, in fact, to be merely congeries of those vessels, connected by cellular tissue, and exhibiting in their centre the appearance of cells. The lymphatics are properly the veins of the lymph blood, returning the lymph from the white tissues in which it has been distributed, which it has nourished and supported, precisely as the veins are the returning vessels of the red blood from the red or coloured tissues. Their course is interrupted by their formation or arrangement into the glands, so called. What is the office of these glands, is entirely unknown. Many hypotheses have been formed respecting their uses, but as they are mere conjectures, "the coinage of the brain," it is needless to notice them.

These bodies are more numerous in some positions than others. The neck, the arm-pits, and the groins, are the points where they are most abundant, externally. In the mesentery, the root of the lungs, and along the spinal column, in the loins and back, they are found, internally, in the greatest profusion.

Glandular scrofula, is thus divisible into two varieties, the first, external, as it affects the glands externally: the second, internal, as the internal glands may be the seat of the disease.

External glandular scrofula most frequently is seen in the glands of the neck; in those of the groin, it is next as to frequency; and in those of the arm-pit its occurrence is more rare.

Internal glandular scrofula has its most frequent location in the glands, though this may be disputed: it is frequent also in the mesenteric glands, especially of children, and seldom affects the others. Internal scrofula is, most generally, secondary to affections of the mucous membranes, with which they are connected, through the lymphatics they belong to, which have their origin in those membranes.

There are but few cases of scrofula, at present, in the wards, and they do not present all of the characters of the disease.

In this black, you perceive a number of tumours along the neck, about the size of a walnut, or that of a small egg. They have only recently, that is within three or four months past, made their appearance with him, and the disease was preceded by syphilis, for which he entered the house—he has been cured of that disease, and you now see that scrofula has succeeded to it.

In this case, also a black, the disease has reached its termination. You notice his neck is covered with cicatrices of a peculiar character. They are rough, punctured, on some are ridges or elevations, and the skin around them, as you can feel, possesses a remarkable hardness or induration. This last is not a common character of scrofulous cicatrices. It is, in a slight degree, the induration, which I have mentioned as one of the forms of lymphatic disease. The reuniting of the skin here will give you some idea of that form of disease.

Here is a young child, and you notice numerous small tumours along its neck and under the jaws. They are firm and insensible. They are less now than they were some time past. They are diminishing under the treatment, and working on to a resolution of the disease. In this case, as he has just informed you, the disease occupied

from its commencement to its termination, a period of four years. In this woman you can see some small ulcers in the neck; and on examining them nearer, you will find the skin for some distance is loose and detached from the parts beneath it, by the destruction of the cellular tissue. The disease is here coming to a close; the glands are destroyed; the diseased parts have been removed by the process of disease, and cicatrization is about commencing. The skin here cannot participate in the act. You can see that it is a thin, detached layer, having no connection beneath it. The dull red colour of this loosened skin is not inflammation: it is a passive state, arising from its want of vascular connection beneath it, and the consequent want of an active circulation.

The glands in the axilla of this woman are enlarged and indurated. They have not yet softened; and are in the first period of the same disease, which has reached its last in the neck.

These are all the cases that can now be exhibited to illustrate to you the exterior characters of the disease. You find in all of them that the lymphatic glands are the seat of the affection. In none of these cases has it extended beyond the glands, with the exception of the skin covering or immediately around them in those that ulcerated. In the others the skin remains perfectly healthy.

DOMESTIC SUMMARY.

Singular case of extra-uterine Pregnancy.—The following curious and interesting case of extra-uterine pregnancy, is reported to us in a letter of 10th December, 1838, from Wm. F. Baldwin, M. D., of Union Springs, Macon county, Alabama, near which place it occurred. Dr. Baldwin was unable to obtain any history of the case previous to death.

"Patient, a negro woman, aged about twenty-five years. Post-mortem examination disclosed the following facts. Commenced the incision about two inches above the umbilicus; in cutting through the abdominal parietes, I first came in contact with the placenta, adhering to the parietes of the abdomen for about two inches around the umbilicus. On opening the abdomen I found the child in the following position: it was lying parallel with the abdomen of its mother, with its head occupying the epigastric region, being in contact with the stomach—its right side opposite the umbilicus, and the left to the intestines. It was as large a child as I have ever seen at birth, and perfectly formed, except the head, which was enormously distended with gas—all the bones of the head were broken into several pieces, which must have been occasioned by the inordinate contractions of the abdominal muscles, at the period at which labour should have taken place. The umbilical cord was of the usual size and length, inserted into the placenta opposite the umbilicus.

"The uterus was about the size of a goose-egg: its cavity containing a small quantity of thin glairy matter. Saw no particular derangement of the abdominal viscera. The child was supposed to have been dead some ten or twelve days.

"The above examination was witnessed by several respectable gentlemen."—*Southern Med. and Surg. Jour., for January.*

FOREIGN SUMMARY.

Dr. Graves on the Cure of Ulcers.—A case, which deserves a brief notice, is that of a man in the chronic ward, who had old ill-conditioned ulcers on his thighs when admitted. These ulcers constantly discharged a quantity of foul sanies and unhealthy pus, and had remained open for several weeks. Mr. Parr applied an astringent lotion for some days; but as I thought I could cure him much more expeditiously, I ordered the lotion to be discontinued, and had the sores carefully dressed with the beaver or fur plucked from a hat. This was applied with the view of absorbing the discharge, and concreting, so as to form an artificial scab, which tends at once to protect the raw surface and check the formation of fresh matter. The result accorded with my anticipations in this instance, for the ulcers dried up and healed in a few days. I have followed this practice of producing an artificial scab for the last fourteen years, and I can recommend it strongly as applicable to the successful treatment of certain descriptions of chronic sores, and, indeed, of some recent wounds. Let us consider for a moment how the consolidation of detached or divided parts is accomplished. In all your books on surgery you have an account given of a process which is termed adhesion, or adhesive inflammation, which, in itself, is looked upon as a kind of morbid process. It is unnecessary for me to enter into any argument to prove the fallacy of this notion, for Dr. Macartney has established the fact, that what has been termed adhesive inflammation exists no where except in the minds of surgical writers. He has shown that healing is always most rapid and complete where no inflammation exists. He has proved that wounds in which no inflammatory disturbance is going on, heal most readily; that where there is a simple incised wound, or solution of continuity without laceration or bruising, and where proper care is taken to keep the parts in complete apposition, they unite, not by means of inflammation, *but by a process of nutrition.* When parts have been simply divided and then placed in apposition, fluids are poured out, which, coagulating, glue them together and accomplish their union; and there is just as much need of inflammation to complete this process as there is to produce the various parts of the fœtus. It is not, therefore, necessary, for the cure of solutions of continuity, that any inflammation whatever should exist; and Dr. Macartney has conferred a great boon on society by showing that, in such instances, the cure is established by a mere physiological process. We know that in numerous cases where a bullet or needle has been lodged in the flesh, it will go from one part of the body to another,

causing solutions of continuity more or less extensive, all of which are repaired without any consequent inflammation. We know, also, that when a simple wound is closed by a clot of blood, it generally heals without inflammatory symptoms. It becomes, therefore, a question in what cases we can imitate this process of nature; and, without entering further into theory, I may observe, that many chronic open sores which refuse to heal even when treated according to the most approved principles of surgery, by means calculated to reduce inflammation or promote granulation and cicatrization by bandages, adhesive plaster, ointments, caustic, &c., will often heal with great rapidity, by covering them with the fur of a beaver hat, carded cotton-wool, or any similar substance, and thus permitting the natural exudation to concrete and form an artificial scab. When this is effected, the edges of the ulcer approximate, and the sore cicatrizes. This process, however, proves successful only when you succeed in making the scab adhere as well over the whole surface as at the edges. But even in case it should fail, it will not do any harm, or prevent you from trying other remedies. The cases in which it is most likely to prove unsuccessful is where there is a copious discharge of ichorous watery fluid, and where much irritation or inflammation exists. Where there is only a copious watery discharge, and no remarkable irritation present, you will often succeed by irritating or scratching the surface of the sore so as to make it bleed. The blood which exudes from the sore concretes readily, and a scab is formed in a very short space of time. By this plan I have repeatedly succeeded in making open sores and old buboes heal which had resisted other means. It is worthy of remark, that an analogous mode of treatment has been found very serviceable in the ulcers and wounds of trees; for the celebrated cement, invented by Dr. Forsyth, and the grafting wax of gardeners, both act on the principle of forming an artificial and intimately adhering scab. In recent wounds, even where considerable injury is inflicted, and where loss of substance has been caused, it is often quite possible to make use of this method; it has been supposed by most, if not by all writers, that bruised and injured parts require suppuration, first for their removal, and secondly for their renewal; but I deny this, and I could appeal to numerous cases where extensive loss of substance was replaced *under a scab* without suppuration, and where bruised parts were removed without suppuration.

The powers of the living tissues and vessels are quite adequate to the deposition of new and the absorption or removal of old matter, without the necessary intervention of suppuration. I have seen a great portion of the fleshy part of the tip of the finger nipped off by the clapping of a door in a steam carriage; I have dressed it with fur of hat; a scab has been formed, and under that scab the bruised parts have been absorbed, and the destroyed parts replaced without the formation of a drop of pus. *As inflammation is a mere accident, not necessarily connected with healing by the first intention, so is suppuration a mere accident, and is not essential to the replacement of loss of substance.—London Med. Gaz.*

Treatment of Typhus Fever. By Dr. Graves.—The appearance of the patient, on admission, was dorsal decubitus, moaning, unable to move without assistance, her face flushed, skin of a burning heat, and eyes much suffused; her tongue was furred, pulse 130 and weak, and respiration laboured—about 40 in a minute. No dullness on percussion, existed, but loud, sonorous, and sibilous rales were heard all over the chest, particularly in the anterior regions. It was clear, therefore, that our patient had two distinct diseases—spotted fever and bronchitis: the former had commenced with symptoms of unusual violence, and the latter of a formidable nature, engaging a a vast number of the smaller bronchial tubes, and interfering most unfavourably with the breathing. In short, gentlemen, we seemed called upon to treat, in the same individual, two affections of opposite characters—the one inflammatory, and requiring antiphlogistic measures—the other exhibiting a strong tendency to putrescence, and, at the actual stage of her illness, rapidly giving rise to sinking and exhaustion.

Emergencies of this kind require much deliberation, and are calculated to excite strong feelings of embarrassment and doubt in the mind of the practitioner, for he possesses no general rule to direct—no theory to indicate the treatment. Under such circumstances, how happy do we feel if enabled to call to mind some case of a similar description, where we had observed the effects of treatment with anxiety, and noted them with due accuracy; how cheeringly does the light of the past then dispel the obscurity of the present; and how thankfully do we accept the guidance of recorded facts, without whose aid all would be uncertainty and confusion!

Were we, in treating our patient, to direct our attention chiefly to the extensive bronchitis, and prescribe cupping, leeches, blisters, calomel, squills, digitalis, or ipecacuanha? or were we to strive rather against the general than the pectoral ailment? The following considerations seemed capable of affording a solution of these difficulties. In the first place, we had to attach a proper degree of importance to the period of her disease: the spotted fever had already lasted eleven days, after which the symptoms of reaction usually begin to decline, and are followed by a rapid and alarming prostration of strength, requiring the administration of stimulating medicines and a more nutritious food. But here the question occurred, would not nourishment and wine increase the bronchial inflammation, and might they not augment the amount of local disease, by inducing pulmonary congestion, or even pneumonia?

Dr. Stokes, who, during my temporary absence, had the charge of this patient, evinced his usual skill and judgment, and justly regarding

the fever the principal disease, he determined to give wine and chicken broth, with a mixture containing carbonate of ammonia. She got one bottle of port wine in the course of the next twenty-four hours; while an attempt was made to relieve the chest by dry cupping, blisters, and small doses of hyoscyamus and ipecacuanha. The same medicines were continued on the succeeding day, but the wine was diminished about one-fourth. Let us now examine this patient, and ascertain what effects have been produced by this treatment, now continued forty-eight hours. You observe, gentlemen, a striking improvement: the fever has a much less threatening aspect, the maculæ have nearly disappeared, the tongue become much cleaner, skin more natural, belly soft, sleep tranquil, and the pulse has nearly fallen to its normal frequency. Such is the result of the treatment, as far as the fever is concerned; but what changes has the bronchitis undergone? Here the effect produced is most satisfactory, for, so far from increasing under the use of wine, moderate nourishment, and carbonate of ammonia, the bronchial inflammation has notably subsided,—the woman's breathing is now comparatively free and calm, and she is less troubled with cough, while the sonorous and sibilous rales are rapidly becoming less distinct. It is our intention to continue the wine and ammonia, but in daily diminishing quantity, and I have no doubt that our patient will soon be able to do without them entirely.*

This case is well deserving a more careful analysis. With respect to the fever, it was evidently accompanied, in its accession and first stage, by active conjestion of the gastro-intestinal and bronchial mucous membrane. Had we been consulted during the rigors, or the first six hours, a bold use of the lancet would have cut short the disease; on the second day, at least during the first half of it, venesection would have been required, but in smaller quantity, and with the effect, not of stopping the fever, but of moderating all the most prominent and distressing symptoms; for the next two days, leeches to the epigastrium and sternum, frequently applied, six at a time, would have powerfully contributed to produce a more natural state of the gastric and bronchial mucous membrane: unhappily the case was neglected before its admission into our ward, and then we were unable to proceed boldly with depletory measures, as the maculæ were very abundant and the fever had arrived at its ninth day. But, here some one will observe, inflammation of a mucous membrane must be treated on the same principles, no matter whether it occurs in the commencement, the *acmé*, or the decline of fever: in every case it must be met by depletory measures, modified, indeed, as to their activity, by the period of the disease and the strength of the patient; *but still depletory they must be;* and in no case are stimulants allowable—in no case wine and nourishment admissible. Gentlemen, there seems to be much that is reasonable in these observations, and they obtain additional confirmation from the testimony of those who assure us, that in persons affected with typhus accompanied with pectoral and abdominal symptoms, such as we witnessed in Mary Lynch, and in whom the disease proves fatal, the post-mortem examination always exhibits indubitable evidence of inflammation affecting the mucous membranes in question; but I must confess that I am more inclined to rely on the effects of remedies as a test of the true nature of diseases, than on the evidence derived from post-mortem examinations. The manner in which a living tissue conducts itself, when acted on by food or medicine, is with me of greater value in determining the nature of a disease affecting that tissue, than any appearances observable in it after death. Suppose that Lynch had died just as we had ordered the wine, broth, and carbonate of ammonia, and suppose her chest and abdomen examined in a few hours after, then I have no doubt that appearances enough would have been detected in the stomach and bronchial tubes to convince you of the existence of mucous inflammation, and you would have been apparently justified in strongly condemning our practice. This I say advisedly, and with what intention? To decry the utility of morbid anatomy? Certainly not. I cannot, indeed, now discuss the general question as to the manner in which morbid anatomy should be prosecuted, in order to render it useful to practical men; but this much I may be permitted to remark, that in the hands of some of its most zealous cultivators, it has degenerated into a system in which the facts discovered have not been arranged and valued according to their obvious bearings, but have been made the foundation of much useless pathological mystification; in truth, it is my fixed opinion, founded on no small opportunities of observation, that in fever especially, much error and uncertainty still attend the interpretation (if that expression may be used) of *post-mortem* appearances, and consequently great mischief has resulted from rules of practice derived rather from the dead-room than from the clinical ward.

But to return to our patient. Her case teaches you how, in the progress of typhus fever, the state of the mucous membrane of the stomach and bowels alters, and how its vital energies vary as the disease advances; for we see wine required,—we see it borne,—nay, useful, not only to the system at large, but to the alimentary mucous membrane in particular, on the eleventh day of fever, in a case where it would have been injurious, perhaps destructive, at an earlier stage; and mark, that it was thus useful, *even although all the symptoms which might be justly considered as contraindicating its exhibition had not entirely disappeared!* We learn from this that our feeble powers are incapable of appreciating the meaning, the intensity, or even, in every case, the identity of particular symptoms. We must, therefore, never sacrifice general views to indi-

* This patient perfectly recovered, to the no small astonishment of two foreign physicians who were somewhat tinged with *Broussaism*.

vidual indications, and, in fever especially, *we must study the whole man, and not any particular organ.—Ib.*

Chemical Examination of the Liquor Amnii. By G. O. Rees, M. D.—This secretion has been examined by several continental chemists, with a great diversity of results, not only as to the quantities, but likewise the quality of its constituents. Buniva and Vauquelin make its specific gravity 1004; and its solid contents 11 to 12 parts in 1000. Frommhertz's experiments differ from the late observations of Dr. Vogt, of Bern; who attempts to explain the discrepancy, by supposing that the fluid, as examined by Frommhertz, was not obtained pure.

In a paper on Albuminous Fluids, by Dr. Bostock, published in the fourth volume of the "Medico-Chirurgical Transactions," the solid contents of a specimen of liquor amnii is given as 16.6 in 1000 parts; which would make the specific gravity of the fluid to be about 1008.6. This observation is in close accordance with that of Dr. Rees; the four specimens which he examined varying in specific gravity between 1007 and 1008.6. The analyses were performed on specimens of liquor amnii with which no extraneous matter was admixed, the liquor being drawn off either by a canula or a female catheter.

C. W. has been delivered of three children. In the two first labours, the perforator was employed to effect delivery. The third labour was brought on at 7½ months; the child born dead. On examination, the brim and outlet of the pelvis were found to be contracted; labour was, therefore, induced at 7½ months, by passing a female catheter into the os uteri, and drawing off the liquor amnii. Labour pains came on twenty-four hours after the operation, and in forty-one hours a female child was born alive; it lived only half an hour.

Examination of Liquor Amnii.

Strongly alkaline—Sp. grav. 1008.6.
Contained in 1000 parts:

Water,	983.4
Albumen, (traces of fatty matter,)	5.9
Albuminate of soda, Chloride of sodium,	6.1
Animal extractive soluble in water and alcohol, urea, chloride of sodium,	4.6

Traces of alkaline sulphate.

The examination of a second specimen gave in 1000 parts:

Water,	984.98
Albumen, (traces of fatty matter,)	1.80
Extract soluble in water—Salts, 2.80; organic matter, principally albumen, from albuminate of soda, 3.22,	6.02
Extract soluble in water and alcohol—Salts, 2.80; organic matter principally lactic acid and urea, 4.4,	7.20

The third specimen examined was taken from the same patient as specimen 1. The liquor was abstracted in the same manner, and at the same period of utero-gestation (7½ months.) The fœtus was a female, and still-born. Contained in 1000 parts:

Water,	986.8
Albumen, (traces of fatty matter,)	3.2
Aqueous extract—Salts, 3.2; organic matter, viz., albumen, from albuminate of soda, 1.2,	4.4
Alcoholic extract—Salts, 3.8; organic matter, viz., lactic acid and urea, 1.8,	5.6

In the fourth specimen were:

Water,	986.8
Albumen, (traces of fatty matter,)	2.4
Aqueous extract—Salts, 4.2; organic matter, viz., albumen, from albuminate of soda, 2.0,	6.2
Alcoholic extract—Salts, 3.0; organic matter, viz., lactic acid and urea, 1.6,	4.6

The fatty matter procured from the liquor amnii differs from that of the blood, in not assuming a deep purple tint when digested in strong sulphuric acid.

The salts, both of the aqueous and alcoholic extracts, consisted of chloride of sodium and carbonate of soda, with minute traces of an alkaline sulphate and phosphate. In the salts of the aqueous extractive, the carbonate resulted from the incineration of an albuminate; and in the alcoholic extractive, from the decomposition of a lactate, by the same operation.

The salts obtained from the aqueous extractive in two analyses were not entirely soluble in water. The insoluble matter, on examination, proved to be phosphate of lime, which must either have been held in solution with the albuminate of soda, or have resulted from the decomposition of an alkaline phosphate at a red heat; some soluble earthy salt being present to effect such decomposition.

Urea was proved to exist in the liquor amnii, by its characteristic crystallization with nitric acid, and the re-actions of its nitrate. A further evidence was obtained in the analysis of specimen 3 by the crystallization of chloride of sodium in octohedra, from the alcoholic extract, when allowed to evaporate spontaneously. Specimen 3 contained urea in greater proportion than the other specimens.

The albumen procured from the liquor amnii yields a trace of oxide of iron and earthy phosphate, on being incinerated.

The flocculi which are observed floating in the liquors are composed of caseous matter, containing cholesterine.

On examining the analyses, it will be observed that the liquor amnii varies greatly in proportional constitution in different individuals, at the same period of utero-gestation, which shows that, like, perhaps, all the secretions of the body, it is affected by the temperament and diathesis of the mother. The specific gravity of the secretion, however, varies but little in the four specimens, which is possibly a precaution on the part of nature to preserve a medium of fixed power, to oppose the motions of the fœtus in utero.

Lancet.